



Tel: 888 838 4867 ♦ Email: TOUR@PinnacleTDS.com

REQUIREMENTS TO EXPEDITE REPLACEMENT OF LOST U.S. PASSPORT

- 1. One original** completed application form **DS-11** and **one photocopy** of the completed form (Your signature on the original **MUST** be witnessed by an authorized acceptance agent discussed in item #7 below. The photocopy should be signed but need not be executed by the authorized acceptance agent.)
- 2. One original** completed application form **DS-64** Affidavit regarding the loss of passport. (Your signature on the original **MUST** be witnessed by an authorized acceptance agent discussed in item #7 below.)
- 3. Two professional passport photographs**, taken within the past 3 months. Eyeglasses may **NOT** be worn in photographs.
- 4. Proof of U.S. Citizenship** (one of the following):
 - A) Certified copy of birth certificate** (usually bears a raised or holographic seal), issued by state or county health department or vital statistics bureau (hospital birth certificates are not acceptable)
 - B) Naturalization certificate**
 - C) Certificate of citizenship**
 - D) Consular report of birth abroad**
 - E) Previous expired U.S. passport** (if applicable)
- 5. Two (2) copies** of a **Letter of Authorization** stating "I authorize the company stated below (Pinnacle Travel Document Systems) to submit my passport application to a passport agency and pick up the passport from a US passport agency on my behalf. (see attached) This letter requires the original signature of the applicant in **BLUE INK**."
- 6. Two (2) copies** of proof of the departure date from the USA. (Copy of itinerary or air tickets indicating eminent international travel).
- 7. Take all the required items above** to your local acceptance agent for passport applications. This is usually a post office official or a county clerk. (Search <http://iafdb.travel.state.gov> for locations and hours.) Pay the clerk the total U.S. Government fees; including expediting fees, execution and security fees (\$195 for adults, \$165 for children under 16 years). Be prepared to write two checks for the total amount, as the clerk will retain a \$30.00 execution fee. **Please write your name and date of birth on the check.** Ask the clerk to execute the documents and place them along with your check for \$170.00 (**Your check must be made out to US Department of State**) into a sealed envelope addressed to "U.S. Passport Agency". (**You must not open this envelope again before shipping it and the sealed application must be submitted to a US Passport Agency within 5 days of execution so you must overnight it to us immediately**). **Please attach the photocopy of your completed form DS-11 along with one of the two Letters of Authorization, and one copy of Proof of Departure to the outside of the sealed envelope.**

Fees:

PTDS First Time Passport Service Fee:	\$105.00
U.S. Government Renewal & Expediting Fee:	\$170.00
Total	\$275.00

Please include your separate personal check payable to Pinnacle Travel Document Systems or provide the details of your credit card with authorization for the \$105.00 in service and return shipping fees.

Please note that application requirements and fees are subject to change without notice.
Check or credit card payment accepted. Credit card payment subject to 3.8% surcharge.

Send your documents immediately via FedEx or other traceable courier service to:

**PINNACLE TRAVEL DOCUMENT SYSTEMS
1625 K Street NW Suite 750
WASHINGTON D.C. 20006
1-888-838-4867**

PROCESSING INFORMATION

- Your application will be hand carried to the U.S. Passport Agency. There, the Passport Agent will examine the application and if all documents are in order, assign a date the passport will be issued (according to departure date from U.S.). Processing time varies according to the departure date from the U.S. and visas required – usually 4-10 days.
- You may request a 52 page passport by checking the appropriate box on your application.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY. MISSING OR INCORRECT INFORMATION MAY RESULT IN SIGNIFICANT DELAYS

SUMMARY

ITEMS THAT MUST GO INSIDE THE SEALED APPLICATION ENVELOPE

- 1.** U.S. Government form DS-11 executed by an authorized acceptance agent.
- 2.** U.S. Government form DS-64.
- 3.** Proof of U.S. citizenship (This will be returned to you with your new passport.)
- 4.** Two (2) professional passport photos taken within the past 3 months.
- 5.** One (1) copy of your letter of authorization originally signed in blue ink
- 6.** One (1) copy of your flight itinerary or proof of departure from the U.S.
- 7.** Your check for the total of U.S. Government fees (\$170.00 for adults and must be made out to US Department of State)

ITEMS TO BE CLIPPED TO THE OUTSIDE OF THE SEALED APPLICATION ENVELOPE

- 1.** One (1) photocopy of your signed US Government form DS-11
- 2.** One (1) photocopy of your signed US Government form DS-64
- 3.** One (1) copy of your letter of authorization originally signed in blue ink
- 4.** One (1) copy of your flight itinerary or proof of departure from the U.S.
- 5.** Your check payable to Pinnacle Travel Document Systems in the amount of \$105.00
- 6.** Any correspondence to us regarding the return of your passport, etc.

PLEASE BE CERTAIN TO INCLUDE THE FOLLOWING:

- ◆ Sealed envelope containing passport application materials as noted
- ◆ This completed form
- ◆ One (1) photocopy of completed US Government application form DS-11 *per person*
- ◆ One (1) PTDS Authorization Letter *per person* executed in **blue ink**
- ◆ One (1) copy of your flight itinerary or proof of departure from the U.S.
- ◆ Check or money order payable to Pinnacle TDS or credit card authorization below



PLEASE PRINT CLEARLY

Full Name (1): _____ **Full Name (2):** _____

Passport #: _____ **Exp:** / / **Passport #:** _____ **Exp:** / /
Mo Yr Mo Yr

Home _____ **Home Tel:** _____

Mailing _____ **Work Tel:** _____

Address: _____ **Email:** _____

_____ **Date of Departure from Home:** / /
(FedEx cannot deliver to PO boxes) Month Day Year

Address _____ **Service: US Passport Lost**

For the _____ **Special Instructions:** _____

Return of _____

Passport: _____

Tel: _____

Please indicate below if there are known periods during which you will not be available to sign for the return of your passport via FedEx.

I will not be at my home and/or return shipping address from / / to / /
Month Day Year Month Day Year

CREDIT CARD AUTHORIZATION: AMEX / VISA / MC (please circle one)

Cardholder Name: _____ Billing Address: _____ Billing Zip Code: _____

Card #: _____ CID# _____ Expires: / / Amount US\$ _____ Signature: _____
Mo Yr

PTDS PSPT (LOST)105 3.8%

**Travel Document Systems
1625 K Street NW Suite 750
Washington DC 20006
888-838-4867**

Letter of Authorization

Please carefully read the information below before completing this Letter of Authorization.

An individual's personal information cannot be released by the U.S. government to another party without the written consent of the individual under the provisions of the Privacy Act of 1974 (5 USC 552a). As a result, an employee at a U.S. passport agency cannot discuss the details of your passport application with a third party without your written consent.

Please check **all** that apply:

- I authorize the company stated below to submit my passport application to a passport agency and pick up the passport from a U.S. passport agency on my behalf.
- I authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that that may arise in connection with my passport application, and I authorize the company to respond to such requests under my direction.
- I do not authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that may arise with my passport application. I want the passport agency to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for pick-up from the passport agency. **DO NOT CHECK THIS BOX. WE WILL BE UNABLE TO PROCESS YOUR REQUEST FOR PASSPORT SERVICES IF THIS BOX IS CHECKED.**

Applicant Information

(Note: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis)

Applicant Name: DOE, JOHNATHAN BONHAM
(Last Name, First Name, Middle Name)

Applicant Phone No: 987-654-3210 Date: TODAY'S DATE
(Area Code-XXX-XXXX) (MM/DD/YYYY)

Courier Company Name: PINNACLE TRAVEL DOCUMENT SYSTEMS

Applicant Signature: PLEASE DO NOT FORGET TO SIGN HERE
(If the applicant is under the age of 16 the parent(s), legal guardian(s), or person legally acting in loco parentis must sign)

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Please check **all** that apply:

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- I authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that that may arise in connection with my passport application, and I authorize the company to respond to such requests under my direction.
- I do not authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that may arise with my passport application. I want the passport agency to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for pick-up from the passport agency.

Applicant Information

(Note: All of the information below may ONLY be filled out by the applicant, parent, legal guardian, or person legally acting in loco parentis)

Applicant Name: _____
(Last Name, First Name, Middle Name)

Applicant Phone No: _____ Date: _____
(Area Code-XXX-XXXX) (MM/DD/YYYY)

Courier Company Name: _____

Applicant Signature: _____
(If the applicant is under the age of 16 the parent(s), legal guardian(s), or person legally acting in loco parentis must sign)

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- I do not authorize the passport agency to disclose to the company listed below any requests for further documentation and/or information that may arise with my passport application. I want the passport agency to contact me directly should an issue arise with my passport application that concerns matters other than the date on which the passport will be ready for pick-up from the passport agency.

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Applicant Name: _____
(Last Name, First Name, Middle Name)

Applicant Phone No: _____ Date: _____
(Area Code-XXX-XXXX) (MM/DD/YYYY)

Courier Company Name: _____

Applicant Signature: _____
(If the applicant is under the age of 16 the parent(s), legal guardian(s), or person legally acting in loco parentis must sign)



U.S. Department of State
Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0014
OMB EXPIRATION DATE: 11-30-2021
ESTIMATED BURDEN: 5 Minutes

STATEMENT REGARDING A LOST OR STOLEN U.S. PASSPORT BOOK AND/OR CARD

IMPORTANT NOTICE

A U.S. national may not normally bear more than one valid or potentially valid U.S. passport book and/or card at a time. Therefore, a statement is required when applying for a new U.S. passport if the previously valid or potentially valid passport is not submitted. Your statement must detail why the previous U.S. passport cannot be presented. The information you provide on this form will be placed into the Consular Lost and Stolen Passport System, which is designed to prevent the misuse of all reported lost or stolen passports. If more than one U.S. passport previously issued to you was lost or stolen, your replacement passport may be limited in validity. Once reported, the lost or stolen passport is electronically cancelled and **MUST NOT BE USED FOR TRAVEL**. Anyone (including the bearer) traveling on a reported lost or stolen passport may be detained upon entering the United States. Should you locate the passport after reporting it lost or stolen, submit it for cancellation to the Consular Lost and Stolen Passport Unit (CLASP). See page one of this form for contact information.

Please select the document (or documents) that you are reporting and its status.

U.S. Passport Book

Lost
 Stolen

U.S. Passport Card

Lost
 Stolen

1. IDENTIFYING INFORMATION OF PASSPORT HOLDER: Type or print legibly in black ink in white areas only.

Last Name	First Name	Middle Name
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Has your name changed since the passport was issued? If yes, state the name in which the lost or stolen passport was issued.

Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm-dd-yyyy)	Place of Birth (City & State if in U.S. or City & Country)	Social Security Number
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Current Address (Street, City, State, and ZIP Code or Country, if outside the U.S.)

Telephone Number ()	Alternative Telephone Number ()	E-mail Address
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2. LOST OR STOLEN U.S. PASSPORT BOOK/CARD INFORMATION: Answer all questions completely. If you do not know the answer in detail, be as exact as possible.

Are you submitting this form in connection with an application for a new U.S. passport book and/or card? Yes No

Explain how your U.S. passport book/card was lost or stolen.

Explain where the loss or theft occurred. Provide the address, if known (City and State, if in the U.S., or City and Country as it is presently known)

On what date was your U.S. passport book/card lost or stolen (mm-dd-yyyy)? If unknown, when was the last time you remember it being in your possession?

List your lost or stolen U.S. Passport <u>Book</u>, if known:	List your lost or stolen U.S. Passport <u>Card</u>, if known:
Number Issue Date (mm/dd/yyyy)	Number Issue Date (mm/dd/yyyy)

Have you had any other U.S. passport book/card lost or stolen? Yes No

If yes, how many passports? _____ Approximate date(s)? _____ Did you file a police report? Yes No
(If yes and the report is available, please submit a copy.)

3. YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I, the undersigned, declare under penalty of perjury all of the following: 1) that I have read and understood the warning on page one of this form; 2) the information provided herein is correct and complete; 3) I have not given my U.S. passport book and/or passport card to another person or disposed of it in an unauthorized manner; 4) I understand that the U.S. passport(s) I report as missing will be invalidated and cannot be used; and 5) if I subsequently find and recover it, I will immediately return the passport and/or passport card to Passport Services at the address on page one of this form or to the nearest U.S. passport agency, U.S. embassy or U.S. consulate, if abroad, and I will not attempt to use it.

<p align="center">_____ Legal Signature - age 16 or older or Parent/Guardian if under age 16</p>	<p align="center">_____ Date (mm/dd/yyyy)</p>
<p align="center">_____ Legal Signature - Parent/Guardian if under age 16</p>	<p align="center">_____ Date (mm/dd/yyyy)</p>

Both parents or guardians of a child younger than 16 years old must sign and provide photocopy of ID when submitting this form on the child's behalf unless one parent or guardian has sole custody. If there is sole custody, include a copy of a supporting document, such as a court order, with this form.



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004 OMB
EXPIRATION DATE: 10-31-2019
ESTIMATED BURDEN: 85 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

- U.S. Passport Book U.S. Passport Card Both
The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.
- Regular Book (Standard) Large Book (Non-Standard)

Note: The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last _____

First _____ Middle _____

D O Dep DOTS

End. # _____ Exp. _____

2. Date of Birth (mm/dd/yyyy) _____

3. Sex M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.) _____

5. Social Security Number _____

6. Email (Info alerts offered at travel.state.gov) _____

7. Primary Contact Phone Number _____

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. _____

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., *In Care Of - Jane Doe, Apt # 100*) _____

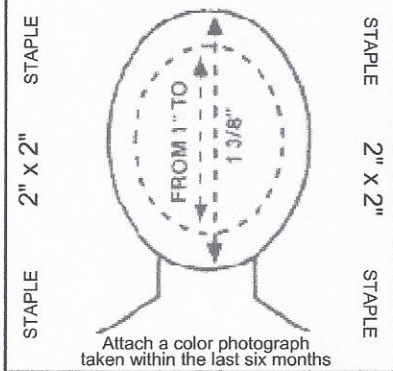
City _____ State _____ Zip Code _____ Country, if outside the United States _____

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A. _____ B. _____

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT



Attach a color photograph taken within the last six months

- Acceptance Agent (Vice) Consul USA
- Passport Staff Agent



Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

Name of courier company (if applicable) _____ Facility ID Number _____

Facility Name/Location _____ Agent ID Number _____

Signature of person authorized to accept applications _____ Date _____

X _____
Applicant's Legal Signature - age 16 and older

X _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

X _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



* DS 11 C 09 2013 1 *

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

Name of Applicant (Last, First, & Middle) _____ Date of Birth (mm/dd/yyyy) _____

10. Parental Information Last Name (at Parent's Birth) _____
Mother/Father/Parent - First & Middle Name _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

Mother/Father/Parent - First & Middle Name _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

11. Have you ever been married? Yes No *If yes, complete the remaining items in #11.*
Full Name of Current Spouse or Most Recent Spouse _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____

U.S. Citizen? Yes No Date of Marriage (mm/dd/yyyy) _____ Have you ever been widowed or divorced? Yes No Widow/Divorce Date (mm/dd/yyyy) _____

12. Additional Contact Phone Number _____ Home Cell Work **13. Occupation (if age 16 or older)** _____ **14. Employer or School (if applicable)** _____

15. Height _____ **16. Hair Color** _____ **17. Eye Color** _____ **18. Travel Plans** Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited _____

19. Permanent Address - *If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.*
Street/RFD # or URB (No P.O. Box) _____ Apartment/Unit _____

City _____ State _____ Zip Code _____

20. Emergency Contact - *Provide the information of a person not traveling with you to be contacted in the event of an emergency.*
Name _____ Address: Street/RFD # or P.O. Box _____ Apartment/Unit _____

City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No *If yes, complete the remaining items in #21.*
Name as printed on your most recent passport book _____ Most recent passport book number _____ Most recent passport book issue date (mm/dd/yyyy) _____

Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)
Name as printed on your most recent passport card _____ Most recent passport card number _____ Most recent passport card issue date (mm/dd/yyyy) _____

Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____
 Birth Certificate SR CR City Filed: _____ Issued: _____
 Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: _____ A# _____
 Report of Birth Filed/Place: _____
 Passport C/R S/R Per PIERS #/DOI: _____
 Other: _____
 Attached: _____



P/C of Citz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citz W/S * DS 11 C 09 2013 2 *

